

State of Alabama
Department of Labor
100 North Union Street Suite 620
P O Box 303500
Montgomery, Al 36130-3500



**PLEASE NOTE IF YOUR SIGNATURE IS NOT NOTARIZED BY A NOTARY
PUBLIC, THE WAGE CLAIM WILL BE RETURNED TO YOU**

Mailed by _____ Date ____/____/____
Rec'd by _____

Name _____ Telephone Number _____

Address _____

Occupation _____ Age _____ SSN _____

EMPLOYER

Name _____ Telephone _____

Company _____

Address _____

Home Address _____ Telephone _____

Quit/Discharge _____ Reason: _____

WAGES CLAIMED

Dates Worked From ____/____/____ To ____/____/____

Inclusive, at the rate of \$ _____ per _____ Total Claim \$ _____

STATEMENT OF FACTS

I hereby certify that the above is a true statement of the wages due me from the above
named employer.

Signed _____
(Must be notarized by a Notary Public)